

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

04-12-2001 90066 008 ***150.00

DOCUMENT # F15405

1. Entity Name

MISS JEANIE, INC.

Principal Place of Business

Mailing Address

244 N. CAUSEWAY

~~244 N. CAUSEWAY~~~~PO BOX 24~~~~PO BOX 24~~

NEW SMYRNA BEACH FL 32169-5234

NEW SMYRNA BEACH FL 32168

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2061294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEGER, WILLIAM F. JR.

~~244 N. CAUSEWAY, POB 24~~

NEW SMYRNA BEACH FL 32168

2990 TURNBULL BAY Rd

32168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEGER, WILLIAM F JR	
STREET ADDRESS	244 N. CAUSEWAY, POB 24	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FEGER, EMMA MAY	
STREET ADDRESS	244 N. CAUSEWAY, POB 24	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2001

386-99-9699

Daytime Phone #

CR2E034 (10/00)